

**INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY
FIRST HOME/PLUS
2006 PROGRAM REGISTRATION FORM**

THIS FORM MUST BE EXECUTED FOR EACH ORIGINATING OFFICE PARTICIPATING IN THE PROGRAM.

I/WE will participate in the Indiana Housing & Community Development Authority's (IHCD) First Home and First Home/Plus Program.

COMPANY
NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

(NUMBER YOU WISH BORROWERS TO CALL OR IHCD TO FAX, **BROKER NUMBER** IF APPLICABLE)

PLEASE CHECK TYPE OF LOAN(S) YOU ARE APPROVED TO CLOSE. YOU CAN ONLY MAKE A RESERVATION FOR A LOAN THAT YOU CAN CLOSE.

FHA _____ VA _____ FANNIE MAE _____ USDA RURAL DEVELOPMENT _____

Please list below the name of the person from your organization to whom mail and email is to be sent as well as telephone inquires/information from IHCD.

APPLICATION	CONTACT	NAME
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APPLICATION CONTACT PHONE # _____
FAX# _____

APPLICATION CONTACT EMAIL ADDRESS _____
(An email address is required)

Please note that the contact person will be responsible for giving everyone in your office access to Lender Online. IHCD will not give usernames or passwords to anyone other than the contact person listed above. If you will be closing loans for a Broker, the attached Appendix must be completed and signed by all necessary parties. This section is to be completed as contact information for the Lender only. Check here if Broker applicable ☐.

LENDER ONLINE USERNAME _____

LENDER ONLINE PASSWORD _____

PLEASE LIST **ALL** COUNTIES IN ALPHABETICAL ORDER THAT THIS ORIGINATING OFFICE WILL SERVICE:

DATE

COMPANY AUTHORIZED OFFICER'S SIGNATURE

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in them First Home and First Home/Plus Program.

DATE

SHERRY SEIWERT, EXECUTIVE DIRECTOR

**INDIANA HOUSING & COMMUNITY DEVELOPMENT AUTHORITY
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BROKER APPENDIX TO APPLICATION CONTACT SHEET**

_____, an Indiana approved Broker, will be using _____, an IHCD A Participating Lender, to close loans through the IHCD A First Home and First Home/Plus program. All application issues will be the responsibility of the Broker to correct and complete for loan closing approval. The Broker understands that any fees related to the purchase of a First Home/Plus loan by the Master Servicer will be paid to the Participating Lender. If applicable, the said fees will be distributed to the Broker based on an agreement between the said Broker and the said Participating Lender. If applicable, any loans that must be repurchased due to non-compliance with IHCD A or the Master Servicer must be repurchased by the IHCD A Participating Lender. IHCD A will not be responsible or liable for any part of the agreement between the Broker and the Participating Lender. Any refund of fees to be paid on a loan after purchase, or cancellation if applicable, will be paid to the said Participating Lender. The Participating Lender will be responsible for refunding the fees to the Broker.

Please list below the name of the person from the Broker's office whom IHCD A will set up access to Lender Online.

BROKER CONTACT NAME _____

BROKER ADDRESS _____

BROKER CONTACT PHONE # _____ **FAX#** _____

BROKER CONTACT EMAIL ADDRESS _____

(An email address is required)

Please note that the Broker contact person will be responsible for giving everyone in their office access to Lender Online. IHCD A will not give usernames or passwords to anyone other than the contact person listed above.

ONLINE USERNAME _____

ONLINE PASSWORD _____

DATE

BROKER AUTHORIZED OFFICER SIGNATURE

DATE
SIGNATURE

PARTICIPATING LENDER AUTHORIZED OFFICER

Indiana Housing & Community Development Authority hereby acknowledges the above named company as a registered participating lender in the First Home and First Home/Plus Program.

DATE

SHERRY SEIWERT, EXECUTIVE DIRECTOR